



## EDUCATION and WORKFORCE DEVELOPMENT CABINET

Steven L. Beshear  
Governor

GOVERNOR'S SCHOLARS PROGRAM  
1024 Capital Center Drive, Suite 210  
Frankfort, Kentucky 40601  
Phone: (502) 573-1618  
Fax: (502) 573-1641  
www.gsp.ky.gov

Thomas O. Zawacki  
Secretary

Aristófanés Cedeño  
Executive Director

### **MEMORANDUM**

TO: Alumni of the 2014 Governor's Scholars Program,  
Bellarmine University Campus

FROM: Aris Cedeño, Academic Dean, and Bryan Rich, Campus Director

RE: **GSP REUNION: Wednesday, June 24<sup>th</sup>**

DATE: April 6, 2015

#### **1. WHEN AND WHERE**

The Alumni Reunion for the 2014 Governor's Scholars from the Bellarmine University campus will be held at Bellarmine University on **Wednesday, June 24<sup>th</sup>, 2015**. The following is a general outline of the day's activities. Please note that all times except registration are tentative.

- 8:30 – 9:30 a.m.: Alumni arrive at Bellarmine and register at Frazier Hall.
- 9:30 – 10:00 a.m.: Community Meeting in Cralle Theatre
- 10:00 – 11:45 a.m.: GSP Seminar (Be sure to sign up for a seminar during registration that morning.)
- 12:00 – 1:00 p.m.: Lunch in the Bellarmine cafeteria.
- 3:30 p.m.: Organized activities conclude.

#### **2. REGISTRATION FEE**

The registration fee is \$25.00 per person if you make your reservation in advance of May 29, 2015. This fee covers the cost of lunch and the use of Bellarmine facilities. Please carefully read the registration form regarding deadlines and space availability.

#### **3. WHAT TO WEAR and WHAT TO BRING**

Dress as you did last summer—casual, comfortable, and tasteful. Don't forget to bring your camera (with your name on it). You may also want to bring any equipment you might need for impromptu recreational activities—Frisbee, volleyball, soccer, four square, etc. Of course, if you plan to perform in Showcase, you'll need to bring the instrument(s), props, and equipment for your act.

4. **FOOD**

The cost of a cafeteria lunch is included in your registration fee. Because this is a rare chance for the GSP-2014 community to reunite, we ask that after you have registered, you not leave Bellarmine's campus until the day's events have concluded. Please do not plan to leave campus for lunch or any snacks during the day.

5. **\$10 for 10 SCHOLARS!**

If each 2014 scholar were to donate only \$10.00 to the Program, the GSP class of 2014 could sponsor **TEN future Governor's Scholars!** This is an incredible opportunity for you to help other young people from across the Commonwealth experience GSP. Please consider including a donation to GSP with your Reunion registration forms—no gift is too small and all donations are tax deductible.

6. **DIRECTIONS and PARKING INFORMATION**

**From I-71 (Southbound):** Follow I-71 South to I-264 West (Watterson Expressway). Continue on I-264 to exit 15A, Newburg Road North. Follow Newburg Road 1.5 miles to Bellarmine, which will be on your right.

**From I-64 (Westbound):** Follow I-64 West to I-264 West (Watterson Expressway). Stay on I-264 to exit 15A, Newburg Road North. Follow Newburg Road 1.5 miles to Bellarmine, which will be on your right.

**From I-65 (Northbound):** Follow I-65 North to I-264 East (Watterson Expressway). Stay on I-264 to exit 15, Newburg Road. At the end of the ramp, turn left and follow Newburg Road 1.5 miles to Bellarmine, which will be on your right.



## Reunion Registration Form

*Bellarmino University Campus*

**Please return this form to the Governor's Scholars Program by May 29, 2015.**

\_\_\_\_\_ Yes! I will be attending the GSP Class of 2014 Alumni Reunion at Bellarmine University on Wednesday, June 24, 2015.

\_\_\_\_\_ My \$25.00 advanced registration fee is enclosed.

\* Please note that late registration fee is \$30.00 (after May 29, 2015)  
and that late registration is subject to space availability.

\_\_\_\_\_ I have included a donation to the **\$10 for 10 Scholars** campaign.

Last Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

✓ **Check List (please be sure the following items are included with your registration):**

\_\_\_\_\_ Registration Form  
\_\_\_\_\_ Payment (including registration fees, late fees, and donation)  
\_\_\_\_\_ Medical Information - Parent/Guardian Signature

| ITEM   | COST    | TOTAL          |
|--|---------|----------------|
| Registration & Lunch Fee   | \$25.00 | \$25.00        |
| Late Fee (only if registering after May 29, 2015)                                    | \$5.00  | _____          |
| Campaign for Scholars Donation (no donation is too small – and it's tax deductible!) |         | _____          |
| <b>TOTAL AMOUNT ENCLOSED</b>   |         | <b>\$_____</b> |

**Please return your completed forms and payment to the following address:**

Governor's Scholars Program  
ATTN: Bellarmine Alumni Reunion  
1024 Capital Center Drive, Suite 210  
Frankfort, KY 40601



**Class of 2014 Alumni Reunion**  
**Medical Information and Parent/Guardian Signature**  
*Bellarmino University Campus*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Allergies: \_\_\_\_\_

Name and phone number of family doctor: \_\_\_\_\_

Should student be restricted from any type of recreational activity? \_\_\_\_\_ (If YES, please explain) \_\_\_\_\_

Are there any dietary restrictions or any drugs (prescription or non-prescription) that should NOT be administered? \_\_\_\_\_

(If YES, please explain): \_\_\_\_\_

**List two people to be notified in case of emergency.** One should be a parent or legal guardian.

1. \_\_\_\_\_ 2. \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Release – Parent/Guardian Signature Requested**

*Although the reunion will last only nine hours, some attendees may be minors and/or be a long distance from their guardians. As a result, it is important that the Governor's Scholars Program have a medical release on file. This provides parental permission for medical examination and treatment in an approved and authorized hospital, physician's office, or other medical facility.*

The following consent should be signed by the parent or legal guardian of the student, so that appropriate diagnosis and treatment may be carried out and so that no unnecessary delays will occur with emergency procedures, including operational procedures. No operations will be performed, except in an emergency, without parent or legal guardian's being contacted and fully informed.

I give my permission for \_\_\_\_\_ (**scholar legal name**) to receive necessary medical treatment at an authorized hospital, medical facility, or office by appropriate medical professionals.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Terms of Participation – Student and Parent/Guardian Signatures Required**

I, the undersigned, agree to abide by the rules and regulations for the Governor's Scholars Class of 2014 Alumni Reunion, and by the rules and regulations that govern campus safety at Bellarmine University as interpreted by the staff members. However, the following rules will be strictly enforced:

- a. No firearms of any kind will be allowed
- b. Students are prohibited from using, possessing, or being under the influence of any illegal drug or alcoholic beverage
- c. Students will remain on the campus of Bellarmine University until the Reunion activities have concluded

I understand that failure to fulfill the terms of this agreement may result in my being dismissed from the Governor's Scholars Class of 2014 Alumni Reunion or other appropriate actions deemed necessary by the GSP staff and Bellarmine University campus authorities.

I have reviewed these points with my parents/guardians. We understand the need for all participating students to agree to the above items. We realize that if I do not abide by these rules, action may be taken at the discretion of the Governor's Scholars Program chaperones and the Bellarmine University campus authorities.

**Student**

Name: \_\_\_\_\_

*Please print.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Parent / Guardian**

Name: \_\_\_\_\_

*Please print.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_